



## Request for Service Credit Cost Information Redeposit of Withdrawn Contributions

### Section A: Documentation of Service (to be completed by member)

Have you requested this cost information before? ☐ Yes ☐ No If yes, list date request was submitted: \_\_\_\_\_

Have you submitted a retirement application? ☐ Yes ☐ No If yes, list retirement date: \_\_\_\_\_

### Part 1 Member Information

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Former Name (if applicable) \_\_\_\_\_ Current Employer \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### Part 2 Employment Information

List all periods of employment for which you withdrew contributions.

Employer	From (month/day/year)	To (month/day/year)

### Part 3 Certification

I hereby certify that the above information is true and correct.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

- If you are currently a CalPERS member, **STOP**. Sign this form and mail it to the CalPERS address listed below.
- If you are a member of a retirement system listed on page 10 and are **not** currently a CalPERS member, forward this form to your current retirement system for completion of Section B before returning to CalPERS.

**Mail To: CalPERS Member Services Division, P.O. Box 4000, Sacramento, CA 95812-4000**

*CalPERS use only*

Employer Code	Coverage Group	Appointment	Separation	Termination Date	Position Status

Name

Social Security Number

**Section B: Retirement System Certification (to be completed by member's current retirement system)**

This request form is used to obtain the member and employment information required to redeposit withdrawn CalPERS contributions and establish reciprocity with the member's current retirement system. CalPERS must receive the necessary information on this form in order to process this request.

**Part 1 Retirement System Information**

Retirement System

Mailing Address

City

State

ZIP

Employer

**Part 2 Member Employment History**

First Appointment Date

Effective Date of Membership in Your System

Current Payrate and Time Base

Total Service Credit With Your System

Is the Member Retired/Retiring? ☐ Yes ☐ No

Effective Date of Retirement \_\_\_\_\_

Is This Service Already Credited in Your System? ☐ Yes ☐ No

Is the Employee Currently a Member of Your System? ☐ Yes ☐ No

**Part 3 Statement and Signature of Retirement System Representative**

I hereby certify that the above information is true and correct.

Signature

Date

Printed Name

Title

Telephone Number

FAX Number

**Retirement System: Please return the completed form to the member.**

*CalPERS use only*

Sep. Date	"T" Date	T/C	Emp. Code	CGC	Bal. Fwd.	C/Y Svc.	Amt.	Emplr.	CGC	C/Y